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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

|                        |                |
|------------------------|----------------|
| Application Number     | 10/706,081     |
| Filing Date            | 11/13/2003     |
| First Named Inventor   | Ravi, Nathan   |
| Art Unit               | 1612           |
| Examiner Name          | Roberts, Lezah |
| Attorney Docket Number | IP10-053-002   |

**ENCLOSURES (Check all that apply)**

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|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| <b>Remarks</b>   |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                    |          |        |
|--------------|--------------------|----------|--------|
| Firm Name    | Gorman Law Offices |          |        |
| Signature    |                    |          |        |
| Printed name | Robert S.M. Gorman |          |        |
| Date         | 12 October 2010    | Reg. No. | 41,790 |

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| Signature             |                    |      |                 |
| Typed or printed name | Robert S.M. Gorman | Date | 12 October 2010 |

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